

**Commonwealth of Kentucky
Public Service Commission**

**INFORMATION FORM FOR TELEPHONE UTILITIES OPERATING
PURSUANT TO KRS 278.541 through 278.544**

Complete Name
of Telephone Utility: VoipTec, LLC

Physical Address
of Principal Office: Street: 105 West Wood Street Unit 1270

City: Paris State: TN Zip: 38242

Primary Contact: Name: Mark Lammert Title: Tax Preparer
for the Company

Phone: 407-260-1011 Fax: 407-260-1033

E-Mail: mark@csilongwood.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Carl Wood</u> Title: <u>Secretary</u>
	Address (if different from above)
	Street: <u>Same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: <u>888-220-4809</u> Fax: <u>615-220-4846</u>

In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Brenda Wood, on behalf of VoIPTec, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this _____ day of July, 2018.

UTILITY: Brenda Wood

BY: Brenda Wood

STATE OF Tennessee
COUNTY OF Henry

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 15th day of July, 2018.

Oct.

Sam Ham
NOTARY PUBLIC

My Commission Expires: July 20, 2022

